

Sample #6:

“Name and Address of Agency which Holds the Limited Service Laboratory Permit”

Rapid HIV Antibody Test Result

Client Name: _____ Collection Date: ____/____/____

Counselor Initials: _____

Clients Date of Birth: ____/____/____ Race: _____ Gender: _____

Name of Authorizing Physician _____

The HIV-1 antibody result from the **Rapid HIV Antibody Test** is:

Non-Reactive (Negative)	Reactive (Preliminary Positive)
<input type="checkbox"/>	<input type="checkbox"/>

Name of Product used: _____

Lot # /Expiration Date: _____

Type of Specimen: Rapid test, finger stick with whole blood ☐

Rapid test, Oral Fluid ☐

Other: _____

Meaning of the test result:

A **non-reactive (negative)** test result means that no antibodies to HIV-1 have been detected. HIV antibodies may be absent during the “window period” of infection. Follow-up testing may be necessary if indicated by risk factors.

A **reactive (preliminary positive)** test result suggests that antibodies to HIV-1 or HIV-2 may be present in the specimen obtained from a rapid test. A second specimen will have to be sent to a comprehensive laboratory for a Western Blot test prior to confirmation of the reactive test result. Precautions should be taken to avoid the chance of spreading HIV.

Questions: If you have any questions about the rapid test result, please contact the Authorizing Physician.

Confidentiality and Disclosure:

This information has been disclosed to you from confidential records that are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.